FAMILY CARE
Options for Long-Term Care

# Quarterly Family Care Activity Report

For the quarter ending
March 31, 2004

July 2004

Department of Health and Family Services
Division of Disability and Elder Services
Center for Delivery Systems Development

# Quarterly Family Care Activity Report

For the 1st quarter, ending March 31, 2004

Family Care is an innovative long-term care program being piloted by nine counties in Wisconsin. The Governor and Legislature authorized this program in order to develop and test a comprehensive and flexible long-term care service system that will:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs;
- Improve access to services;
- Improve quality through a focus on health and social outcomes; and
- Create a cost-effective system for the future.

Family Care was designed to serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Family Care has two major organizational components:

- **Aging and Disability Resource Centers** offer information, assistance, and a limited number of services to the general public with a focus on issues affecting older people, people with disabilities, and their families. These centers provide information, advice and access to a wide variety of services. They also serve as a clearinghouse for information about long-term care for physicians, hospital discharge planners, and other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to individuals' homes.

  Aging and disability resource centers began operating in early 1998. Currently resource centers are operational in nine counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Marathon, Trempealeau, and Jackson. Two resource centers serve Kenosha County—one for individuals with developmental disabilities, and one for elderly individuals and individuals with physical disabilities.

- **Care Management Organizations (CMOs)** manage and deliver a wide variety of covered long-term care services, known as the Family Care benefit, for financially eligible elderly individuals and adults with disabilities. The Family Care benefit combines funding and services from a variety of existing programs into one flexible package of long-term care services, tailored to each individual's needs, circumstances and preferences. CMOs develop and manage a comprehensive set of long-term care services and support, either by providing the service with CMO staff or by purchasing the service from other providers. Each CMO receives a flat monthly payment for each member enrolled in the CMO, who may be living at home, in a group living situation, or in a nursing facility.

Care management organization (CMO) sites began operating in 2000. Currently, five CMOs are operational in five counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, and Richland.

### *Resource Center Information and Assistance*

Individuals who need information and assistance related to long-term care services get in touch with resource centers in several ways. Some individuals are referred to the resource center by facilities that provide residential long-term care, which are required by law to inform the resource centers of individuals who are seeking admission. These referrals are known as pre-admission consultation (PAC) referrals. Individuals also contact the resource centers in response to outreach activities that publicize resource center services among Family Care's target populations.

**Table 1** presents the number of PAC referrals received by each resource center during the four most recently completed quarters. **Table 2** presents the source of the PAC referrals by facility type.

Table 1
**Pre-Admission Consultation Referrals Received**
Most recent four quarters

| Resource Center | April - June 2003 | July - September 2003 | October - December 2003 | January - March 2004 | Total |
|---|---|---|---|---|---|
| **Counties without CMOs** | | | | | |
| Jackson | 37 | 56 | 51 | 53 | **197** |
| Kenosha Aging & PD | 279 | 301 | 288 | 303 | **1,171** |
| Kenosha DD | 0 | 1 | 0 | 0 | **1** |
| Marathon | 238 | 261 | 264 | 244 | **1,007** |
| Trempealeau | 68 | 60 | 75 | 71 | **274** |
| **Counties with CMOs** | | | | | |
| Fond du Lac | 98 | 129 | 130 | 107 | **464** |
| La Crosse | 251 | 226 | 236 | 201 | **914** |
| Milwaukee | 1,140 | 990 | 1,017 | 1,102 | **4,249** |
| Portage | 112 | 100 | 101 | 120 | **433** |
| Richland | 49 | 35 | 51 | 48 | **183** |
| **Total** | **2,272** | **2,159** | **2,213** | **2,249** | **8,893** |

Table 2
**Source of Pre-Admission Consultation Referrals**
Most recent four quarters

| Facility Type | April - June 2003 | July - September 2003 | October - December 2003 | January - March 2004 | Total |
|---|---|---|---|---|---|
| Nursing Home | 1,995 | 1,871 | 1,889 | 1,963 | **7,718** |
| Community Based Residential Facilities | 190 | 173 | 184 | 184 | **731** |
| Residential Care Apartment Complex | 70 | 111 | 132 | 102 | **415** |
| Adult Family Home | 17 | 4 | 8 | 0 | **29** |
| **Total** | **2,272** | **2,159** | **2,213** | **2,249** | **8,893** |

**Table 3** presents the number of information and assistance contacts for each resource center for the four most recently completed quarters. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

Table 3
**Resource Center Contacts for Information and Assistance**
Most recent four quarters

| Resource Centers | April - June 2003 | July - September 2003 | October - December 2003 | January - March 2004 | Total |
|---|---|---|---|---|---|
| **Counties without CMOs** | | | | | |
| Jackson | 120 | 115 | 119 | 133 | **487** |
| Kenosha Aging & PD | 1,467 | 1,481 | 1,257 | 1,452 | **5,657** |
| Kenosha DD | 275 | 282 | 260 | 320 | **1,137** |
| Marathon | 1,005 | 990 | 873 | 851 | **3,719** |
| Trempealeau | 355 | 357 | 346 | 389 | **1,447** |
| **Counties with CMOs** | | | | | |
| Fond du Lac | 806 | 973 | 979 | 948 | **3,706** |
| La Crosse | 1,477 | 1,367 | 1,339 | 1,616 | **5,799** |
| Milwaukee | 9,019 | 9,693 | 7,062 | 10,562 | **36,336** |
| Portage | 649 | 672 | 841 | 937 | **3,099** |
| Richland | 277 | 294 | 299 | 322 | **1,192** |
| **Total** | **15,450** | **16,224** | **13,375** | **17,530** | **62,579** |

**Table 4** presents information about the types of information and assistance that people requested from the resource centers during the most recent quarter. The number of issues for which people sought help differs from the number of contacts reported in Table 3, because many contacts include requests for information or assistance with several issues. The categories have been defined as:

- **Basic needs and financial related services**: Contacts seeking information or assistance related to issues such as benefits, Medical Assistance, health insurance, money problems, paying for food, shelter (other than residential long-term care), heating or air-conditioning or phone service, evictions, problems paying bills, or paying for medical care or drugs.

- **Disability and long-term care related services**: Contacts seeking information or assistance related to services such as home support, care management, respite, equipment and training, transition planning, independent living skills, and hospice services.

- **Long-term care related living arrangements**: Contacts seeking information or assistance related to consideration of permanent moves or temporary arrangements that are being contemplated because of a health, disability or frailty; home modifications or special living arrangements.

- **Health**: Contacts seeking information or assistance related to issues such as declining health, recuperative care, diseases, conditions, dementia, health, health promotion or medical care, or health equipment loaning.

- **Transportation**: Contacts seeking information or assistance related to arrangements and information on transportation issues and program information.

- **Paying for disability and long-term care related services**: Contacts seeking information or assistance related to paying for long-term care services, including issues such as the ability to afford services and questions related to financial eligibility for a variety of long-term care programs.

- **Nutrition**: Contacts seeking information or assistance related to services such as congregate or home-delivered meals, or nutrition counseling (i.e., diabetic or renal diet issues).

- **Home maintenance**: Contacts seeking information or assistance related to issues such as chores, housecleaning, yard work, general home repairs, and home safety, other than home modifications needed to address a disability.

- **Legal**: Contacts seeking information or assistance related to tax law, power of attorney, guardianship, consumer rights, advocacy, discrimination, or complaints.

- **Life enhancement**: Contacts seeking information or assistance related to recreation, education that is not job related, social programs, or volunteerism.

- **Adult Protective Services (APS)**: Contacts seeking information or assistance related to, or reports of, abuse, neglect, self neglect, domestic violence.

- **Behavioral health**: Contacts seeking information or assistance related to issues such as mental health, substance abuse, concerns and treatments, depression, grief counseling.

- **Employment and training**: Contacts seeking information or assistance related to vocational rehabilitation, work, jobs, or training.

Table 4
**Issues Presented by Resource Center Contacts**
January through March 2004

| Focus of Inquiry | Number of Requests | Percentage |
|---|---|---|
| Basic Needs & Financial Related Services | 6,324 | 23.8 % |
| Disability & LTC Related Services | 4,488 | 16.9 % |
| LTC Related Living Arrangements | 4,003 | 15.1 % |
| Health Services | 2,927 | 11.0 % |
| Transportation Services | 2,237 | 8.4 % |
| Paying for Disability & LTC Services | 1,448 | 5.5 % |
| Nutrition Services | 1,261 | 4.8 % |
| Legal Services | 1,235 | 4.7 % |
| Adult Protective Services (APS) | 682 | 2.6 % |
| Home Maintenance Services | 678 | 2.6 % |
| Behavioral Health Services | 570 | 2.1 % |
| Life Enhancement | 415 | 1.6 % |
| Employment and Training Services | 267 | 1.0 % |
| **Total** | **26,535** | **100.0 %** |

**Table 5** presents information on the outcomes of contacts that were accomplished during the most recently completed quarter. The number of outcomes will not necessarily equal the number of contacts shown on Table 3 or the number of issues raised shown in Table 4, for several reasons. One referral might resolve several issues, or one issue might require more than one referral. In addition, a contact that was initiated near the end of one quarter might not reach an outcome until after the beginning of the next.

Referrals are distinguished from giving people information, in that the resource center refers the caller to other services or resources, or is actively involved in obtaining a service or resource for a caller. The categories of outcomes have been defined as:

- **Information about long-term care services or resources**: Contact involves long-term care related information regarding services, resources, etc.

- **Information about other services or resources**: Contact involves other services, resources and/or other information.

- **Referral to Functional Screen**: This should include all referrals for a Functional Screen, which may include resource center-based long-term care options counseling.

- **Referral to private long-term care services**: This would include formal referrals to non-county agencies on behalf of private pay individuals.

- **Referral to public funding for programs such as Medicare, Medicaid, Food Stamps, Social Security**: Includes referrals made to link people to government benefits, such as to an Economic Support Unit/Worker, Benefit Specialist and Social Security Administration.

- **Referral to Adult Protective Services (APS)**: Any referral to the County APS staff and/or elder abuse workers for elder abuse, financial abuse, self-neglect, placements, etc.

- **Referral to emergency services**: This would include services/actions to be delivered within 24 hours. It would include emergency food delivery, shelter, or emergency respite care or other immediate intervention.

- **Referral to services/resources other than emergency APS or LTC**: This category covers all other referrals.

- **Needs brief or short term services, follow-along or service coordination**: The use of this category will depend on the resource center. If the I&A worker sends all in-house referrals to either a long-term care unit or a distinct "access" unit, he or she may not know whether a contact requires brief services, and he or she would not be in the position of "following" contacts.

- **Noted for follow-up contact**: The I&A worker is providing information only, and making no referrals, *but* keeps a record of the contact in order to follow-up to make sure that the caller is okay, and/or to determine if the information was acted upon.

Table 5
**Outcomes of Information & Assistance Contacts**
January through March 2004

| Outcomes of Contacts | Number | Percentage |
|---|---|---|
| Information about Other Services or Resources | 5,926 | 27.9 % |
| Referral to Services or Resources Other than Emergency, APS, LTC | 5,163 | 24.3 % |
| Information about Long-Term Care Services | 4,061 | 19.1 % |
| Referral for Long-Term Care Functional Screen | 3,461 | 16.3 % |
| Referral to Publicly Funded Services* | 882 | 4.1 % |
| Needs Brief or Short-Term Services or Service Coordination | 677 | 3.2 % |
| Needs follow-up contact from RC | 540 | 2.5 % |
| Referral to Adult Protective Services (APS) | 409 | 1.9 % |
| Referral to Private LTC Services | 115 | 0.5 % |
| Referral to Emergency Services | 35 | 0.2 % |
| **Total** | **21,269** | **100.0 %** |

* For programs such as Medicare, Medicaid, Food Stamps, Social Security

### *Long-Term Care Functional Screen*

The Long-Term Care Functional Screen is an assessment tool that identifies the long-term care needs of an individual and is used to establish eligibility for certain programs, including the Family Care benefit. Functional screens are provided to individuals for one of three reasons:

- They are not currently Family Care members, but are seeking assessment of their long-term care needs for the purposes of considering their options (initial screens);
- They are CMO members whose functional needs are being reassessed for annual eligibility recertification; or
- They are CMO members who have recently experienced a change in condition, and need to have their needs reassessed.

Only resource centers administer initial screens; CMOs may administer annual and change-in-condition screens for their members.

**Table 6** presents the number of *initial* functional screens completed during the most recent quarter. Not all of these individuals will seek enrollment in Family Care or publicly funded long-term care; in fact, many are not eligible. However, the figures provide an indication of the number of adults, by target group, who are actively exploring their long-term care needs with the help of the nine resource centers. **Figure 1** provides a graphic representation of this information for the most recent four quarters.

Table 6
**Initial Long-Term Care Functional Screens Completed, by Target Group**
January through March 2004

| | Elderly | Developmental Disabilities | Physical Disabilities | Disability - Unspecified | Total |
|---|---|---|---|---|---|
| **Counties without CMOs** | | | | | |
| Jackson | 6 | 1 | 0 | 0 | **7** |
| Kenosha Aging & PD | 44 | 0 | 13 | 0 | **57** |
| Kenosha DD | 1 | 12 | 0 | 1 | **14** |
| Marathon | 8 | 20 | 1 | 0 | **29** |
| Trempealeau | 23 | 0 | 7 | 4 | **34** |
| **Counties with CMOs** | | | | | |
| Fond du Lac | 37 | 4 | 19 | 0 | **60** |
| La Crosse | 69 | 14 | 58 | 1 | **142** |
| Milwaukee | 763 | 7 | 11 | 0 | **781** |
| Portage | 32 | 11 | 15 | 0 | **58** |
| Richland | 7 | 3 | 6 | 0 | **16** |
| **Total** | **990** | **72** | **130** | **6** | **1,198** |

Figure 1
**Initial Long-Term Care Functional Screens by Target Group**
Most recent four quarters

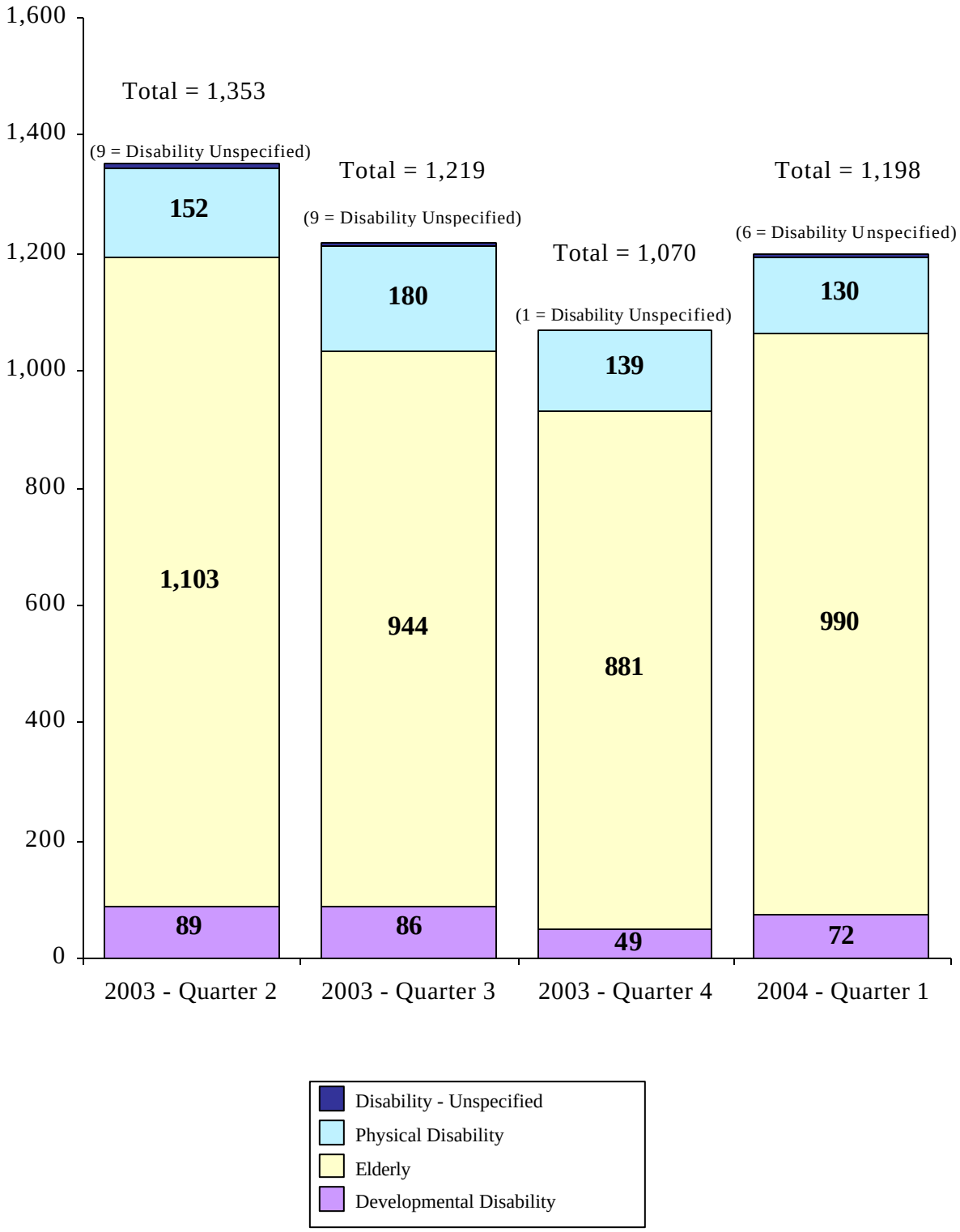
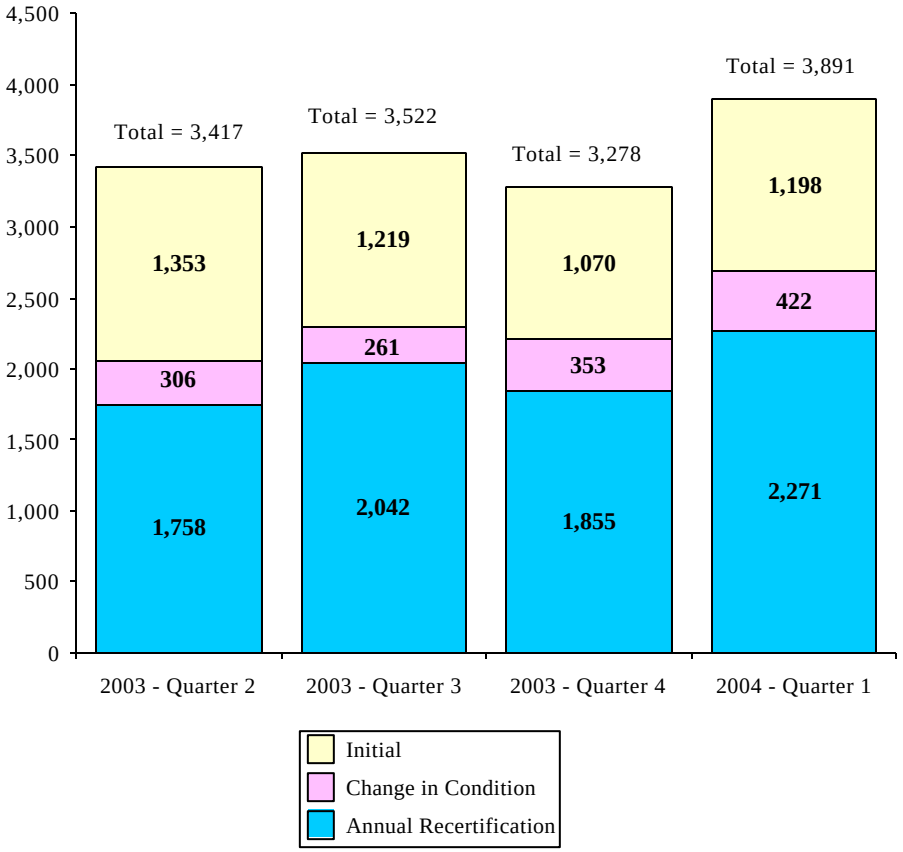


**Table 7** presents the total number of long-term care functional screens, of any type, that were completed using the most recent quarter. **Figure 2** provides a graphic representation of this information for the most recent four quarters.

Table 7
**Long-Term Care Functional Screens Completed**
**By Target Group and Type of Screen**
January through March 2004

| Type of Screen | Elderly | Developmental Disabilities | Physical Disabilities | Disability - Unspecified | Total |
|---|---|---|---|---|---|
| Initial | 990 | 72 | 130 | 6 | **1,198** |
| Change in Condition | 378 | 17 | 27 | 0 | **422** |
| Annual Recertification | 1,747 | 317 | 207 | 0 | **2,271** |
| **Total** | **3,115** | **406** | **364** | **6** | **3,891** |

Figure 2
**Long-Term Care Functional Screens Completed By Type of Screen**
Most recent four quarters



### *Enrollment in Family Care CMOs*

**Tables 8, 9**, and **10** present enrollment as of March 31, 2004, by target group, level of care and Medicaid status. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of May 10, 2004. Enrollment procedures for additional individuals are underway. Some of the enrollments that are currently in progress will be recorded retroactively (that is, an enrollment may be recorded after May 10, 2004, retroactively effective as of March 2004.) As a result, enrollment figures for the most recent months *do not yet represent the total enrollment* that will be achieved after all in-process enrollments are completed. **Figure 3** shows the CMO enrollment trend for each of the CMO counties over the most recent four quarters.

Table 8
**Total CMO Enrollment by Target Group**
March 31, 2004

| CMO Counties | Elderly | Developmental Disabilities | Physical Disabilities | Target Group Not Recorded* | Total |
|---|---|---|---|---|---|
| Fond du Lac | 461 | 320 | 138 | 1 | **920** |
| La Crosse | 589 | 450 | 510 | 4 | **1,553** |
| Milwaukee | 5,001 | 10 | 58 | 17 | **5,086** |
| Portage | 351 | 211 | 130 | 0 | **692** |
| Richland | 127 | 95 | 67 | 1 | **290** |
| **Total** | **6,529** | **1,086** | **903** | **23** | **8,541** |

* CMO members whose enrollment records cannot yet be matched with target-group information from their functional screens, usually because of the timing with which the data from the two sources are loaded into the central database.

**Tables 9 and 10** present Family Care enrollment by level of care and by Medicaid status. Payment is provided to the CMOs on the basis of each member's level of care, either comprehensive or intermediate. A few members are 'grandfathered,' that is, do not meet functional eligibility criteria, but are enrolled on the basis of previous enrollment in related programs. The comprehensive level includes people who are functionally eligible for nursing home care under Medicaid requirements. The intermediate level includes people who need help with only one or a few daily activities and therefore are not eligible for nursing home care, but who are otherwise eligible for Medicaid or are in need of adult protective services. CMOs receive a higher monthly payment for comprehensive enrollees, which includes both federal and state funding, and a lower monthly payment for intermediate enrollees, which is funded entirely by the State. The comprehensive level includes a few people who are not functionally eligible for nursing home care, but who have very high needs for assistance. For these people, DHFS pays the CMO the higher monthly rate, but with no federal match funding unless the person has regular Medicaid.

Table 9
**CMO Enrollment by Level of Care**
March 31, 2004

| CMO Counties | Comprehensive | Intermediate | Grandfathered | Total |
|---|---|---|---|---|
| Fond du Lac | 890 | 30 | 0 | **920** |
| La Crosse | 1,472 | 78 | 3 | **1,553** |
| Milwaukee | 5,022 | 64 | 0 | **5,086** |
| Portage | 658 | 34 | 0 | **692** |
| Richland | 278 | 12 | 0 | **290** |
| **Total** | **8,320** | **218** | **3** | **8,541** |

Table 10
**CMO Enrollment by Medicaid Status**
March 31, 2004

| CMO Counties | MA Eligible | Non-MA Eligible | Total |
|---|---|---|---|
| Fond du Lac | 902 | 18 | **920** |
| La Crosse | 1,489 | 64 | **1,553** |
| Milwaukee | 4,992 | 94 | **5,086** |
| Portage | 676 | 16 | **692** |
| Richland | 278 | 12 | **290** |
| **Total** | **8,337** | **204** | **8,541** |

Figure 3
**CMO Enrollment**
Enrollment Reached at the End of Each Quarter
Most recent four quarters

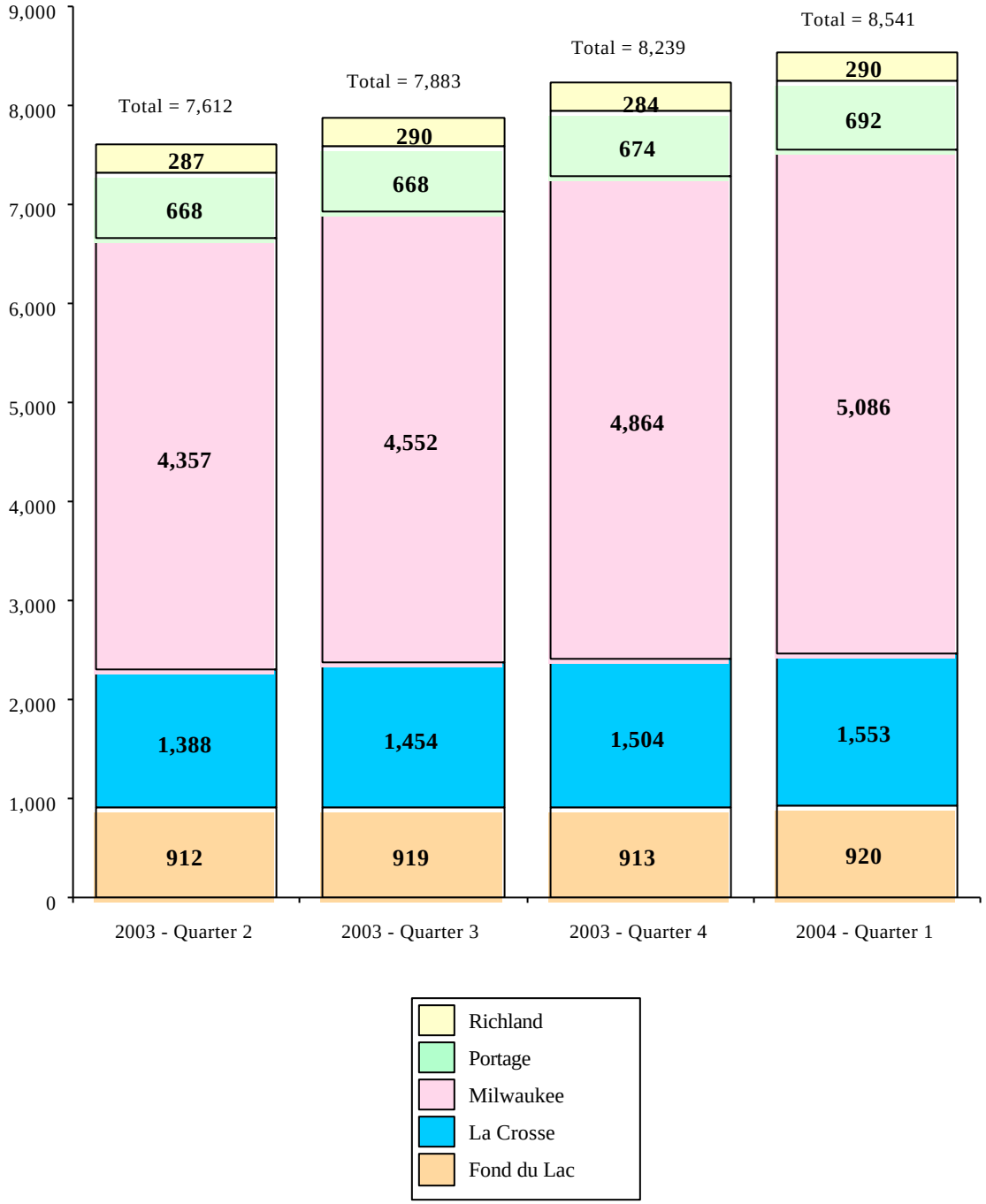


**Table 11** presents cumulative disenrollments from Family Care CMOs through March 31, 2004, by cause of disenrollment, as recorded as of May 10, 2004. As with enrollments, disenrollments may take several months to process. A small number of members with recent, temporary loss of MA eligibility may ultimately not lose any continuity of CMO services, but this is a small, short-term exception to disenrollments caused by lost eligibility.

Table 11
**CMO Disenrollments**
Cumulative through March 31, 2004

| CMO Counties | Deceased | Lost Eligibility | Voluntary Disenrollment | Total |
|---|---|---|---|---|
| Fond du Lac | 298 | 17 | 130 | **445** |
| La Crosse | 388 | 62 | 128 | **578** |
| Milwaukee | 1,359 | 141 | 468 | **1,968** |
| Portage | 236 | 9 | 58 | **303** |
| Richland | 84 | 2 | 26 | **112** |
| **Total** | **2,365** | **231** | **810** | **3,406** |